

PTO/SB/21 (09-04)

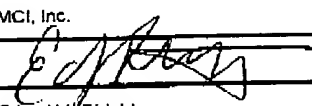
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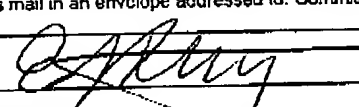
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/778,186	<b>RECEIVED</b> <b>CENTRAL FAX CENTER</b> <b>FEB 23 2005</b>
	Filing Date	February 7, 2001	
	First Named Inventor	Hardy	
	Art Unit	2681	
	Examiner Name	I. Moore	
Total Number of Pages in This Submission	4+refs	Attorney Docket Number	RIC98014P1

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
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<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	2 References.
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MCI, Inc.		
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Printed name	Eden U.I. Stright		
Date	February 23, 2005	Reg. No.	51,205

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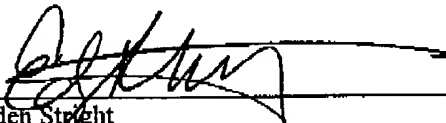
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Respectfully submitted,

Date: February 23, 2005

  
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